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PTO/SB/51 (10-00)

Approved for use through 12/30/2000. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE APPLICATION: DECLARATION BY THE INVENTOR

Docket Number (Optional)

18602-06321

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,940,600, granted August 17, 1999, and for which a reissue patent is sought on the invention entitled ISOCHRONOUS CHANNEL HAVING A LINKED LIST OF BUFFERS, the specification of which

- ☐ is attached hereto.
- ☒ was filed on August 17, 2001 as reissue application number 09/932,846
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

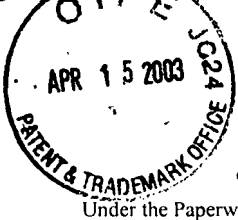
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)


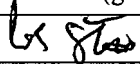
- ☐ by reason of a defective specification or drawing.
- ☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.
- ☐ by reason of other errors.

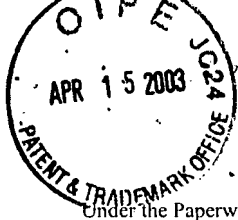
At least one error upon which reissue is based is described below:

The failure to claim or to further claim subject matter disclosed in the specification pertaining to a method for handling data transmitted on an isochronous channel using a linked list of buffers that includes the use of a condition field in each buffer.



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(REISSUE APPLICATION: DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) 18602-06321	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.			
Name(s)		Registration Number	
David L. Hayes, Reg. No. 34,838; Robert R. Sachs, Reg. No. 42,120; Michael R. Blum, Reg. No. 44,543; Amir H. Raubvogel, Reg. No. 37,070; Brian M. Hoffman, Reg. No. 39,713; Rajiv P. Patel, Reg. No. 39,327			
Correspondence Address: Direct all communications about the application to:			
<input checked="" type="checkbox"/> Customer Number		<div style="border: 1px solid black; width: 150px; height: 50px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">00758</div>	<div style="display: flex; align-items: center; justify-content: center; margin: 0 auto;"><div style="font-size: 2em; margin-right: 10px;">→</div><div style="border: 1px solid black; width: 150px; height: 50px; display: flex; align-items: center; justify-content: center;"></div></div>
<i>Type Customer Number Here</i>			
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of sole or first inventor (given name, family name)		Erik Staats	
Inventor's Signature			Date 4/1/03
Residence	Ben Lomond, California	Citizenship	United States
Mailing Address 429 Bahr Drive, Ben Lomond, CA 95005			
Full name of sole or second inventor (given name, family name)		Robin D. Lash	
Inventor's Signature			Date
Residence	Milpitas, California	Citizenship	United States
Mailing Address 1375 Cirolero St., Milpitas, CA 95035			
Full name of sole or third inventor (given name, family name)			
Inventor's Signature			Date
Residence			Citizenship
Mailing Address			
<input type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.			

**REISSUE APPLICATION: DECLARATION BY THE INVENTOR**

Docket Number (Optional)

18602-06321

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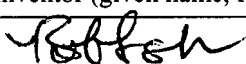
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Correspondence Address: Direct all communications about the application to:			
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<input type="checkbox"/> Firm or Individual Name			
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Address			
City	State	Zip	
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Telephone	Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of sole or first inventor (given name, family name)		Erik Staats	
Inventor's Signature			Date
Residence	Ben Lomond, California	Citizenship	United States
Mailing Address 429 Bahr Drive, Ben Lomond, CA 95005			
Full name of sole or second inventor (given name, family name)		Robin D. Lash	
Inventor's Signature			Date 3/28/03
Residence	Milpitas, California	Citizenship	United States
Mailing Address 1375 Cirolero St., Milpitas, CA 95035			
Full name of sole or third inventor (given name, family name)			
Inventor's Signature			Date
Residence			Citizenship
Mailing Address			
<input type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.			